APPLICATION FOR RESIDENTIAL RENOVATION PERMIT Village Of Antioch, Lake County, Illinois

Permit No (Office Use Only) Re:	al Estate Index No. (PIN)	Date	
Permit Address	Lot		
Application is hereby made for the purpose of: (Check required section (s) and fill in the blanks)		Total Project Cost \$	
•			
□ BASEMENT REMODEL Sq. ft.			
ROOF			
☐ SHED ☐ Dimensions			
□ DECK length width	height above ground line	□ DECK (w/roof) □ DECK (se	creened)
☐ BRICK PAVER PATIO ☐ CONCRETE I	PATIO Dimensions		
□ FENCE length height	Front yard or corner side ya	ard fence? Y or N	
□ SIGN □ Wall or □ Illuminated or			
☐ Ground ☐ Non-Illuminat	<u>.ed</u>		
□ SWIMMING POOL/HOT TUB (Circle one)			
□ OTHER (Specify)			
Property Owner			
	Address	Cit	y
Phone	Fax	State/Zip	
General Contractor			
		CI.	
	Address	Cı	ty
Phone	Fax	State/Zip	
Excavator (Provide Original \$10,000 Surety	Bond)		
	A 33	Cit	_
	Address	Cit	Y
Phone	Fax	State/Zip	
Roofer (Provide Copy of IL License)			
	Address	C	ity
hone Plumber (Provide Copy of IL Plumbing Licen		State/Zip	
	Address	C	ity
Phone			
Electrician (Provide Copy of IL Electrical Lie	cense & Original 1 Million \$ 1	Liability Coverage)	
	Address	C	ity
Phone Other	Fax	State/Zip	
· · ·			
	Address	C	ity
Phone	Fax	State/Zip	
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This permit application must be accompanied by a cert copy of contractor's proposal (if applicable), material li	ist, and plans with detailed list of he	ow work is going to be done.	,
This application in conjunction with the plans submitte that the said construction shall, in all respects, conform	to the Ordinances and Building Co	odes of the Village of Antioch, and may be revok	ed at any time upon the violation of
provisions of said ordinances or codes, or any of the ab- for a building or other improvement will be issued only			
permit is required. FOR OFFICE USE ONLY	Print Name of Owner	or Agent:	
	_		
	Signature of Owner or		
	Address:		
	City:	State:	Zip Code:
	Cell/Home:	Work Phone:	
	Fax:		
	F-Mail Address:		